



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Valley		County Number 53	District Name Glasgow K-12 Schools	Legal Entity Number 0926
Route # 53-1-16	Length of Route (miles per day) 9		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 12
Vehicle I.D. # 1FDJE34L1HHB94073	License # 427	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0926	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Valley		County Number 53	District Name Glasgow K-12 Schools	Legal Entity Number 0926
Route # 53-1-14	Length of Route (miles per day) 46		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 18
Vehicle I.D. # 1GBJG31R821150227	License # 235	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0926	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Valley		County Number 53	District Name Glasgow K-12 Schools	Legal Entity Number 0926
Route # 53-1-6	Length of Route (miles per day) 50.5		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 1BAAHCSA6WF077654	License # 415	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0926	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Valley		County Number 53	District Name Glasgow K-12 Schools	Legal Entity Number 0926
Route # 53-1-2	Length of Route (miles per day) 68.2		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 48
Vehicle I.D. # 1BGL7T1CXXJ105317	License # 243	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0926	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

County Name Valley		County Number 53	District Name Glasgow K-12 Schools	Legal Entity Number 0926
Route # 53-1-5	Length of Route (miles per day) 84		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 54
Vehicle I.D. # 1BAKCKKH45F216906	License # 510	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0926	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Valley		County Number 53	District Name Glasgow K-12 Schools	Legal Entity Number 0926
Route # 53-1-12	Length of Route (miles per day) 87.6		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 1BAAHCPH93F211588	License # 257	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0926	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

County Name Valley		County Number 53	District Name Glasgow K-12 Schools	Legal Entity Number 0926
Route # 53-1-4	Length of Route (miles per day) 96		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 54
Vehicle I.D. # 1BAKCKKH65F216907	License # 343	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0926	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
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October 1

To OPI
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Rate Per Mile
\$1.57

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Route # 53-1-17	Length of Route (miles per day) 116		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 1BAAHCPH03F211589	License # 274	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

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Legal Entity 0926	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
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Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Valley		County Number 53	District Name Frazer Public Schools	Legal Entity Number 0927 0928
Route # 1	Length of Route (miles per day) 54.3		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 24
Vehicle I.D. # 1GBJG31U941113808		License # 547	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0927	Legal Entity 0928	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

County Name Valley		County Number 53	District Name Hinsdale Public Schools	Legal Entity Number 0932 0933
Route # 4	Length of Route (miles per day) 123.4		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 53
Vehicle I.D. # 1BAAEC SH91F098392		License # 475	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0932	Legal Entity 0933	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Valley		County Number 53	District Name Hinsdale Public Schools	Legal Entity Number 0932 0933
Route # 2	Length of Route (miles per day) 141		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 1T88R3B1521117648		License # 148	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0932	Legal Entity 0933	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Valley		County Number 53	District Name Hinsdale Public Schools	Legal Entity Number 0932 0933
Route # 3	Length of Route (miles per day) 142.8		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 42
Vehicle I.D. # 4DRBRAAM64B962654		License # 0504	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0932	Legal Entity 0933	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

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Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

County Name Valley		County Number 53	District Name Hinsdale Public Schools	Legal Entity Number 0932 0933
Route # 1	Length of Route (miles per day) 144		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 53
Vehicle I.D. # 1BAAEC6H6XF084059		License # 381	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0932	Legal Entity 0933	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Valley		County Number 53	District Name Opheim K-12 Schools	Legal Entity Number 0935
Route # 53-9-3-95	Length of Route (miles per day) 95		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 42
Vehicle I.D. # 1BAKBCKH15F222617	License # 404	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0935	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Valley		County Number 53	District Name Opheim K-12 Schools	Legal Entity Number 0935
Route # 53-9-1-100.4	Length of Route (miles per day) 100.4		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 42
Vehicle I.D. # 1G8L7T1C51J510458	License # 403	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0935	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Date

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Date



Office of Public Instruction
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Combined School District Application
for Registration of School Bus &
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1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Valley		County Number 53	District Name Opheim K-12 Schools	Legal Entity Number 0935
Route # 53-9-4-103.4	Length of Route (miles per day) 103.4		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 36
Vehicle I.D. # 1GBL7T1C2XJ109068	License # 449	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0935	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Valley		County Number 53	District Name Opheim K-12 Schools	Legal Entity Number 0935
Route # 53-9-7-103.2	Length of Route (miles per day) 88		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 36
Vehicle I.D. # 1GBL7T1J4VJ112971	License # 429	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0935	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

County Name Valley		County Number 53	District Name Nashua K-12 Schools	Legal Entity Number 0937
Route # 53-13-1-109	Length of Route (miles per day) 88		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 60
Vehicle I.D. # 1HVBABP8XA088509	License # 141	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0937	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Valley		County Number 53	District Name Nashua K-12 Schools	Legal Entity Number 0937
Route # 53-13-2-85A	Length of Route (miles per day) 88		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 1BAAKCPA02F203687	License # 138	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0937	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

County Name Valley		County Number 53	District Name Nashua K-12 Schools	Legal Entity Number 0937
Route # 53-13-1-109A	Length of Route (miles per day) 65		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 60
Vehicle I.D. # 1HVBABP8XA088509	License # 141	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0937	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Valley		County Number 53	District Name Nashua K-12 Schools	Legal Entity Number 0937
Route # 53-13-2-85	Length of Route (miles per day) 65		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 1BAAKCPA02F203687	License # 138	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0937	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Valley		County Number 53	District Name Nashua K-12 Schools	Legal Entity Number 0937
Route # 53-13-3-124	Length of Route (miles per day) 126		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 42
Vehicle I.D. # 4DRBRAAL73B960417	License # 501	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0937	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Valley		County Number 53	District Name Lustre Elementary	Legal Entity Number 0941
Route # 53-23-1-150	Length of Route (miles per day) 138		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 30
Vehicle I.D. # 1FDWE45F01HB06270	License # 330	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0941	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Valley		County Number 53	District Name Lustre Elementary	Legal Entity Number 0941
Route # 53-23-3-108	Length of Route (miles per day) 108		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 40
Vehicle I.D. # 4UZAAXCS34CM65377	License # 532	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0941	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Valley		County Number 53	District Name Lustre Elementary	Legal Entity Number 0941
Route # 53-23-2-100	Length of Route (miles per day) 100		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 20
Vehicle I.D. # 1FDJE37FSVHB09656	License # 410	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0941	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date